

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05273

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County... Green Anne  
 City or town... near Roberts  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind. County... Green Anne  
 City or town... near Roberts  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Joel Clements Fallowfield

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Abdela Fallowfield

6. (c) If alive, give age

78 years

7. Birth date of deceased (mo., day, yr.)

Aug. 7 - 1857

8. AGE: Years Months Days If less than one day

89 10 0 0 hrs. min.

9. Birthplace

Green Anne Co. Ind.  
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Wesley Fallowfield

13. Birthplace

Green Anne Co. Ind.

14. Maiden name

Annie Perkins

15. Birthplace

Green Anne Co. Ind.

16. Informant

Mrs. Fallowfield

Address

Church Hill Ind.

17. Burial (Burial, cremation, or removal, Which?) Date thereof

Burial June 11 - 1947  
(month) (day) (year)

Cemetery or crematory

Sealersville Cem.

Location

Sealersville Ind.

18. Funeral director

Edgar L. Lane

Address

Church Hill Ind.19. June 10 1947 Edgar L. Lane  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 7 1947 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2 1947 to June 7 1947and that I last saw June 7 1947 alive on

Immediate cause of death

Cardiac Decomposition

Due to

Outset Soling

Due to

Ch. Myocardial

Other conditions

Peripathy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edgar L. Lane M. D. or other  
Address... Sealersville Ind. Date signed 6/10/47

1871

1907

— — — — —

Handwritten text: *Handwritten signature and date*

7/12/17

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JUN 18 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

## CERTIFICATE OF DEATH

Reg. Dist. No. 05274 251

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Beltsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 mo.  
 Hospital, institution or street address where death occurred:  
Edgar Co. Home  
 How long in hospital or institution? 54 yrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Prince George's  
 City or town Beltsville R.R.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW

## 3. (a) FULL NAME

Mary Garrett

## 3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 1870 8. (c) If alive, give age 1870 years

8. AGE: Years 77 Months 11 Days 11 If less than one day hrs. min.

9. Birthplace MD  
 (Town, county, and state)

10. Usual occupation None

## 11. Industry or business

None

## 12. Name

Mr. Garrett

## 13. Birthplace

MD

## 14. Maiden name

None known

## 15. Birthplace

None known

## 16. Informant

James T. Brown

## Address

Church Hill, MD

## 17. (Burial, cremation, or removal. Which?)

Burial Date thereof 6-13-47  
 (month) (day) (year)

## Cemetery or crematory

Church Hill MD

## Location

Edgar Co. Home

## 18. Funeral director

Church Hill, MD

## Address

Edgar Co. Home

19. June 24 1947  
 (Date rec'd by registrar)

Edgar Co. Home  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1947, at 6:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1870 to June 22 1947  
 and that I last saw him alive on June 20 1947

## Immediate cause of death

Chronic Valvular Disease of the Heart

## DURATION

## Due to

## Due to

## Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

## Major findings of operations

.....Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

## Injured at work?

## 23. SIGNATURE

H. B. McPherson  
 Address Beltsville MD Date signed 6/24/47  
 M. D. or other

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

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JUL 25 1947  
BUREAU OF

OFFICE OF THE ATTORNEY GENERAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

05275

Reg. Dist. No. 257

1. PLACE OF DEATH: Queen Anne  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....MD..... County.....Queen Anne  
 City or town.....Southtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Ella Handy 3. (b) Social Security Number

4. Sex Female 5. Color or race col 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Perry Handy 6.(c) If alive, give age 58 years  
 7. Birth date of deceased (mo., day, yr.) May 15-1895  
 8. AGE: Years 52 Months 0 Days 25 If less than one day .....hrs. ....min.

9. Birthplace.....Queen Anne Co Md  
 (Town, county, and state)  
 10. Usual occupation.....Housewife  
 11. Industry or business.....  
 12. Name.....Anna Synnood  
 13. Birthplace.....Virginia  
 14. Maiden name.....Mary J. Hazelton  
 15. Birthplace.....Queen Anne Co Md.

16. Informant.....Perry Handy (Husband)  
 Address.....Centerville Md  
 17.....Burial Date thereof.....June 17-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....Southtown  
 Location.....near Centerville

18. Funeral director.....Edgar L. Lane  
 Address.....Church Hill Md  
 19.....June 11-1947 Elaine Armetrey  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 9- 1947 at 11 P. M  
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 10 1946 to June 9 1947  
 and that I last saw him/her alive on June 2- 1947  
 Immediate cause of death.....Carcinoma of Breast DURATION 15 mos.  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE.....W. Dewey Fisher M. D. or other  
 Address.....Centerville Md Date signed.....6/11-47

STATEMENT OF DEATH

CERTIFICATE OF DEATH

LOCAL HEALTH OFFICE

LOCAL HEALTH OFFICE

RECEIVED

JUN 16 1947

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181

## CERTIFICATE OF DEATH

05276

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne  
 City or town Pondtown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne  
 City or town Pondtown MD  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Bradford Honey

## 3. (b) Social Security Number

destroyed by fire

4. Sex

male

5. Color or race

col

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 17 - 1902

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

441021

hrs.

min.

9. Birthplace

Queen Anne Co MD  
(Town, county, and state)

10. Usual occupation

Farm work

11. Industry or business

FATHER

12. Name

Caleb Honey

13. Birthplace

MD

MOTHER

14. Maiden name

Lizzie Woodland

15. Birthplace

MD

16. Informant

Wm Crawford Wilson

Address

Charleston R 7

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 11, 1947  
(month) (day) (year)

Cemetery or crematory

Pondtown

Location

Max Cumpton MD

18. Funeral director

Edward V. Bellows

Address

Millington MD

19.

(Date rec'd by registrar)

June 947Edgar L. Lane

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 8 - 1947 at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to....., 19.....

and that I last saw him..... alive on....., 19.....

Immediate cause of death

Burned to death

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7/8-47

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

Address

Centerville MDDate signed 6/8/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

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JUN 18 1947

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of  
co. of birth is shown on  
G 110 6/25/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

05277

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: 15 NORTH Queen Anne  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Almon  
Clumde Hopkins

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 21, 1926

8. AGE: 21 Years 21 Months 3 Days 24 hrs. min.

9. Birthplace Smithson, Md.  
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Charles W. Hopkins  
13. Birthplace Md.

14. Maiden name Lula Perry  
15. Birthplace Md.

16. Informant C. W. Hopkins  
Address Burton, Md.

17. Burial Date thereof June 19, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Gr. O. V. A. M. Cemetery  
Burton, Md.  
Location

18. Funeral director J. M. J. [unclear]  
Address Burton, Md.

19. 6/16 47 N. H. Norris  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Caroline Ca  
City or town Burton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R 710 #1  
(If rural, give LOCATION)  
2. (a) If veteran, name war World War II

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 47 at 5:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
19....., fo..... 19.....  
and that I last saw h..... alive on..... 19.....

Immediate cause of death.....  
Due to Automobile accident DURATION 70 min  
Due to Car turned over pinning man  
Due to underwater + lacerations  
Other conditions sleep  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide accident Date of 6-14-47  
Where did injury occur? on Willoughby A. H. Md  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) public highway  
Means of injury auto accident Injured at work? No

23. SIGNATURE Lewis J. [unclear] Dep. Med. Dir.  
Address Burton, Md. M. D. or other  
Date signed 6-15-47

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JUN 21 1947

BUREAU 78

Evidence for the change of  
year of birth is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05279

252

FILE No. G 111 AUG 7 - 1947 CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Queen Anne  
City or town Centerville md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred: no  
How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Queen Anne  
City or town Centerville md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. no  
(If rural, give LOCATION) no  
2. (a) If veteran, name war no

## 3. (a) FULL NAME

Rebecca Huntley  
4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife John Huntley  
7. Birth date of deceased (mo., day, yr.) June 14 - 1875  
8. AGE: Years 72 Months 11 Days 9 hrs. no min.

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1947 at 5:30 P.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1947 to June 23 1947  
and that I last saw h. alive on June 23 1947  
Immediate cause of death Chronic Hemiplegia DURATION 24 hrs  
Due to Hypertension Cardio  
vascular renal disease with  
Due to Generalized arteriosclerosis  
Other conditions Chronic Placoma 5 years  
by fat  
(Include pregnancy within 3 months of death)  
Major findings of operations none  
Autopsy results none  
Date of op. none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

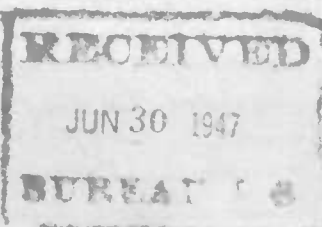
8. Birthplace Centerville md  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business Same as above  
FATHER  
12. Name George Hayman  
13. Birthplace Wilcox Ga  
MOTHER  
14. Maiden name Martha Holder  
15. Birthplace Lacombe md  
16. Informant Alexander Peters  
Address Centerville md  
17. Burial, cremation, or removal (Which?) Burial Date thereof June 26 - 47  
(month) (day) (year)  
Cemetery or crematory Christfield  
Location Centerville md  
18. Funeral director James H. Stewart  
Address Calisbury md  
19. Date rec'd by registrar June 26 - 47 Registrar Elice Amatory

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide no Date of no  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE C. L. Layton MD  
Address Centerville md M. D. or other  
Date signed June 24 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Rural Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all his life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Queen Anne's  
 City or town Rural Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Charles Jackson

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Margaret W. Jackson

## 7. Birth date of deceased (mo., day, yr.)

? ? -1882

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

65??hrs.min.

## 9. Birthplace

Rural Centerville P.O. Co., Maryland  
(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

Farm work

## MOTHER

## FATHER

## 12. Name

William Jackson

## 13. Birthplace

Virginia

## 14. Maiden name

Jane Anderson

## 15. Birthplace

Queen Anne's Co Maryland

## 16. Informant

## Address

Margaret Walker JacksonCenterville Maryland

## 17.

(Burial, cremation, or removal) Which?

## Date thereof

June 6 - 47  
(month) (day) (year)

## Cemetery or crematory

Brownsville Cemetery

## Location

Rural Centerville Maryland

## 18. Funeral director

## Address

Barton BurrCenterville Maryland

## 19.

(Date rec'd by registrar)

June 6 - 47

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 4<sup>th</sup> 19<sup>th</sup> 47 at 4 A M

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 4<sup>th</sup> 19<sup>th</sup> 47 to June 4<sup>th</sup> 19<sup>th</sup> 47and that I last saw him alive on May 1<sup>st</sup> 19<sup>th</sup> 47

## Immediate cause of death

Myocardial Infarction

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

H. S. McIntosh  
M. D. or other Physician  
Address \_\_\_\_\_ Date signed 6/5/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17006

## CERTIFICATE OF DEATH

Reg. Dist. No.

05278

254

1. PLACE OF DEATH: Queen Anne  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State.....MD..... County.....Queen Anne  
City or town.....Queenstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME Greenfield Jackson

3. (b) Social Security Number  
220-01-9454

4. Sex Male 5. Color or race col 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lillian Jackson

7. Birth date of deceased (mo., day, yr.) June 20-1928 8. (c) If alive, give age 24 years

8. AGE: Years 27 Months - Days - If less than one day - hrs. - min.

9. Birthplace Somerset Co Md  
(Town, county, and state)  
Lanoster

10. Usual occupation.....

11. Industry or business.....

12. Name Geo W Jackson

13. Birthplace MD

14. Maiden name Helen Jackson

15. Birthplace MD

16. Informant Sidney Douglas (nephew)

Address Willem Del

17. Buried Date thereof June 23-1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Mary's Cemetery, Queenstown

Location Chesapeake, Md.

18. Funeral director John D. Bellfleur

Address Patuxent Md

19. June 20 19 47 Helen M. Adridge  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 47 at 5:45 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
..... 19..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death Auto accident  
Broken neck + fracture  
of right leg near knee joint

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/20/47

Did injury occur? Yes (City or town) Queenstown (County) MD (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto accident Injured at work? No

23. SIGNATURE W. Henry Fisher

Address Centerville Md Date signed 6/21-47

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JUN 25 1947  
BUREAU OF B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05281

## CERTIFICATE OF DEATH

Reg. Dist. No.

254

## 1. PLACE OF DEATH:

County Queen AnneCity or town Rural Grasonville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 wks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Rural Centerville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Alice Sudler Johnson

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Clarence Johnson

8. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

Aug. 27 - 1875

8. AGE:

Years

Months

Days

If less than one day

71 -9 -12

hrs.

min.

9. Birthplace

Queenstown, Queen Anne, Md.  
(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

John Sudler

13. Birthplace

Queen Anne County, Md.

MOTHER

14. Maiden name

Mary Ford

15. Birthplace

Queen Anne County, Md.

16. Informant

Calithia Robertson

Address

Rural Grasonville, Md.

17.

(Burial, cremation, or removal) Which?

Date thereof

June 11 - 47  
(month) (day) (year)

Cemetery or crematorium

John Wesley Church Cemetery

Location

Centerville, Md.

18. Funeral director

John P. DeWitt

Address

Easton, Md.

19.

(Date rec'd by registrar)

19

47John M. Adridge  
Doc. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June819 47 at7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May1219 47 toJune 719 47

and that I last saw him alive on

June 7, 1947

19

Immediate cause of death

Hypertensive Cardiovascular  
Renal Disease

DURATION

2 yrs.

Due to

Due to

Other conditions

Hypostatic Pneumonia3 wks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William O. Frame, MD  
M. D. or other

Address

Queenstown, Md.Date signed June 8, 1947

MARGIN RESERVED FOR BINDING

VS A15

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Evidence for the additions shown on G 110 6/19/47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

05282  
Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne  
City or town Old Point Road Camp  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Rural - ne. Chester, Md  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Queen Anne  
City or town Old Point Road Camp  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Rural - ne. Chester, Md  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Mathew Tolson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race col. 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) unknown  
8. AGE: Years 25 Months Days If less than one day hrs. min.

9. Birthplace Don't know  
(Town, county, and state)  
10. Usual occupation Laborer  
11. Industry or business  
12. Name Don't know  
13. Birthplace Don't know  
14. Maiden name Don't know  
15. Birthplace Don't know

16. Informant Mr Faulkner  
Address Chester Md  
17. Burial Date thereof June 14-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Don't know  
Location Sevil, South Carolina  
Baiton Bra  
18. Funeral director Centerville, Md  
Address  
19. June 10-1947 Chie Armetrong  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 7 1947 at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
and that I last saw him alive on  
18. 19.

Immediate cause of death Accidental Drowning  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 6/7-47  
Accident, suicide, or homicide  
Where did injury occur? State Prison Camp, Chester, Md.  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) State Prison Camp  
Means of Injury Injured at work?

23. SIGNATURE W. Henry Falar  
Address Centerville, Md Date signed 6/7-47  
(City or town) (County) (State)

Letter from Dr. W. Henry Fisher, June 19, 1947 verifying this information.:

Quote: This man was a prisoner at Prison Camp. I was unable to obtain any family history:

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05283

Reg. Dist. No. 252

1. PLACE OF DEATH: *Green Acres*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *see his life*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... *Maryland* County..... *Green Acres*  
 City or town..... *Green Acres*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION) *no*

3. (a) FULL NAME *Henry E. Margau*

3. (b) Social Security Number

*None*

4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*  
 6. (b) Name of husband or wife *Mary E. Margau*  
 7. Birth date of deceased (mo., day, yr.) *Dec 3 - 1887* 6. (c) If alive, give age..... years  
 8. AGE: Years *59* Months *6* Days *13* If less than one day  
 ..... hrs. .... min.

9. Birthplace..... *Green Acres*  
 (Town, county, and state)

10. Usual occupation..... *Retired Hardware Merchant*

11. Industry or business

12. Name..... *Joseph E. Margau*

13. Birthplace..... *Talbot Co Maryland Anne*

14. Maiden name..... *Lizzie Butler*

15. Birthplace..... *Green Acres - Md*

16. Informant..... *Mary E. Margau*

Address..... *Green Acres - Md*

17. *Burial* Date thereof..... *June 19/47*  
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory..... *Greenwood*

Location..... *Green Acres Church Co*

18. Funeral director..... *Butler Bros*

Address..... *Centerville, Md*

19. *June 18 - 47* *Elmer Armstrong*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *June 16* 19 *47*, at *4:10* P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 41* to *June 16* 19 *47*

and that I last saw him alive on *June 16* 19 *47*

Immediate cause of death..... *Chronic myocarditis* DURATION.....

*and myocardial degeneration* DURATION.....

Due to..... *arteriosclerosis of the coronary arteries*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... *Kurt L. Scher M.D.*

M. D. or other

Address..... *Green Acres Md* Date signed *6/19*

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05284

Reg. Dist. No.

252

## 1. PLACE OF DEATH:

County Queen Anne  
 City or town near Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Queen Anne County Queen Anne  
 City or town Cherryville, near Centerville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harold Wilkerson

## 3. (b) Social Security Number

4. Sex M 5. Color or race Col. 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife John Wilkerson7. Birth date of deceased (mo., day, yr.) Jan. 1st 18668. AGE: Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace do not know  
(Town, county, and state)10. Usual occupation house work

## 11. Industry or business

12. Name not known13. Birthplace not known14. Maiden name not known15. Birthplace not known16. Informant Caroline Hunt WilkersonAddress Board 6 Denton, Md.17. Buried Date thereof 6-12-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory M. A. GreenLocation near Maryland road18. Funeral director J. Virgil Brown & SonAddress Denton, Md.19. June 12 47 Registrar Elmer Armstrong

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 19 47, at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 19 47, to June 9th 19 47, and that I last saw him alive on June 8th 19 47.Immediate cause of death Chronic valvular diseaseDue to of the heartDue to Arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. F. McThayer M. D. or other \_\_\_\_\_Address Centerville, Md. Date signed 6/19/47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05285

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Anne ArundelCity or town Bethesda, MD  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrsHospital, institution, or street address where death occurred:  
St. Elizabeth's HospitalHow long in hospital or institution? 20 yrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County ANNE ARUNDELCity or town Bethesda, MD  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Phyllis Wilmer

## 3. (b) Social Security Number

## 4. Sex

M.

## 5. Color or race

Col

## 6. (a) Single, married, widowed, or divorced

Single

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1947, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1947 to June 7, 1947  
and that I last saw him alive on June 6, 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Chronic ValvularDue to degeneration of the heart

Due to \_\_\_\_\_

Other conditions Chronic hypertension

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE J. H. McKeese M. D. or other \_\_\_\_\_Address Bethesda, MD Date signed 6/9/47

## 11. Industry or business

Don't know12. Name Don't know13. Birthplace Don't know14. Maiden name Don't know

15. Birthplace \_\_\_\_\_

16. Informant Mr. & Mrs. B. D. DineleyAddress Bethesda, MD17. (Burial, cremation, or removal, Which?) Home Date thereof 6-9-47  
(month) (day) (year)Cemetery or crematory HomeLocation Bethesda, MD18. Funeral director St. Elizabeth's Hosp.Address Bethesda, MD19. 6-9-47 Eric Armstrong Registrar

(Date rec'd by registrar)

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

UNITED STATES DEPARTMENT OF JUSTICE

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

## CERTIFICATE OF DEATH

05286

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County... *Queen Anne's*  
 City or town... *Barclay*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *19 yrs.*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... *Maryland* County... *Queen Anne's*  
 City or town... *Barclay*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. (If rural, give LOCATION)  
 2. (a) If veteran, name war.

## 3. (a) FULL NAME

*Katie L. Winchester*

## 3. (b) Social Security Number

*213-16-7662*

4. Sex *F.* 5. Color or race *Col* 6. (a) Single, married, widowed, or divorced *Married*  
 6. (b) Name of husband or wife *William*  
 6. (c) If alive, give age *49* years  
 7. Birth date of deceased (mo., day, yr.) *Dec. 25 1897*  
 8. AGE: Years *49* Months *5* Days *16* If less than one day  
 hrs. min.

9. Birthplace... *Barclay Queen Anne's Md*  
 (Town, county, and state)

10. Usual occupation *Housewife*

## 11. Industry or business

*Edward Suddler*

12. Name *Edward Suddler*

13. Birthplace *Maryland*

14. Maiden name *Marietta Hall*

15. Birthplace *Maryland*

16. Informant *William Winchester*

Address *Barclay*

17. Burial *Barclay* Date thereof *6/13/47*  
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory *Barclay Md.*

Location *Barclay Md.*

18. Funeral director *R. B. Hawkins*

Address *Greenboro, Md.*

19. *June 11* 19 *47* *Edgar L. Lane*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *June 10* 19 *47* at *2 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 1* 19 *47* to *June 10* 19 *47* and that I last saw him alive on *June 6* 19 *47*  
 Immediate cause of death *Acute Myocardial Infarction* DURATION

Due to *Chronic Myocarditis*

Due to *Valvular Heart Disease*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *C. T. Updegrave* M. D. or other

Address *Frederick, Md.* Date signed *6/10/47*

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